

The Polio Vaccine Assistance Act of 1955

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The newly enacted federal law for purchase of poliomyelitis vaccine will be of current interest to many readers.

✱ The Polio Vaccine Assistance Act of 1955, passed by the last session of the United States Congress in its closing days, and signed by President Eisenhower on August 12, made possible federal grants to the states for the purchase of poliomyelitis vaccine and for the costs of planning and conducting vaccination programs.

It is apparent, as these programs begin, that the public health profession has now the opportunity and obligation to achieve widespread acceptance and use of this new advance in preventive medicine, and with energy and resourcefulness the job can be done successfully to the maximum extent possible within the limits of vaccine production.

We are already benefiting from the amount of close collaboration achieved during the summer among the groups who planned the fall immunization program. The summer's meetings, which saw a real eagerness to cooperate, assembled such groups, or their representatives, as the National Advisory Committee on Poliomyelitis Vaccine, the Association of State and Territorial Health Officers, the American Medical Association, the American Public Health Association, the American Academy of Pediatrics, the American Academy of General Practice, the American Pharmaceutical Association, the National Association of Retail Druggists, the Committee on Polio Vaccine of the Conference of State Governors, and the

Department of Health, Education, and Welfare, including the Public Health Service, the Children's Bureau, and the Food and Drug Administration.

The Polio Assistance Act provides \$30 million for grants to assist states in vaccinating children under 20 and expectant mothers. Under the act \$25 million is provided for the purchase of vaccine and \$5 million for the cost of planning and conducting polio immunization programs or for the purchase of vaccine. The funds were allotted to the states according to the number of individuals in the age group noted above and pregnant women, less the number vaccinated in the program of the National Foundation for Infantile Paralysis, the per capita income of the state, and the cost of the vaccine. Funds under this act will be available until February 15, 1956.

Separate and distinct from the act is the voluntary plan for the equitable distribution of polio vaccine, concerned only with the shortage of vaccine as long as it exists. This is the plan for distributing the vaccine which evolved because of mutual agreement by the manufacturers, druggists, physicians, states and the federal government that some form of voluntary allocation was necessary as long as there was a shortage. Under the plan the states have responsibility for the intrastate distribution of the vaccine through both public agency and normal commercial channels.

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The Public Health Service, under this system, makes allocations to the states from each new supply of vaccine according to the number of unvaccinated children in the current priority group. At the federal level, the priority groups are established by the National Advisory Committee on Poliomyelitis Vaccine. The first designated age group was for children five through nine, but the committee proposes to broaden the groups as more vaccine becomes available.

Upon being notified of a new allocation, each state informs the Public Health Service, and in turn the Service advises the manufacturers of the percentage of the allocation the state wishes sold to public agencies and the percentage it wishes moved into the state through normal commercial channels to private physicians.

The manufacturers furnish invoices to the individual states on all vaccine shipped into the state. The Public Health Service receives weekly sum-

maries of the amount of vaccine shipped into each state and pharmacists report weekly in detail to the responsible state officials on all sales of the vaccine. Private physicians were urged by the American Medical Association to make records on vaccinations they perform of the name and age of the individual, the site of injection, and source and lot number of the vaccine.

This method of accounting for the vaccine through all the stages from shipment to utilization should also prevent illegal sales. Further assurance on this is provided through the services of the Food and Drug Administration, which received an appropriation of \$300,000 from Congress to prevent poliomyelitis vaccine sales from unauthorized sources.

The whole distribution system that has been described should assure to the maximum extent possible a fair and equitable distribution to all states and persons eligible during the period of shortage.

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